

COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT or CIP Application)

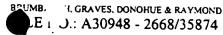
As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED METHOD AND APPARATUS FOR ECHO CANCELLATION the specification of which: (complete (a), (b) or (c) for type of application)

Regular or Design Application	Regu	lar or	Design	Ap	plication	0
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COUNTRY	CT APPLICATION(S) FILED WITHIN 12 MOD APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
				[[YES SO]]
				[1YES NO.1]
				[]YES NO []
I FORFIGN AP	PLICATION[S], IF ANY, FILED MORE THAN	12 MONTHS (6 MONTHS FOR DESIGN) PRI	OR TO SAID APPLICATION	
L i Oldioi i ii				[] YES NO []
				[] YES NO []
				[] YES NO []



Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

Continuation-In-Part

(complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned) (Application Serial No.) (Filing Date)

Power of Attorney

(Status) (patented, pending, abandoned)

As a named inventor, I hereby appoint Dana M. Raymond, Reg. No. 18,540; Frederick C. Carver, Reg. No. 17,021; Francis J. Hone, Reg. No. 18,662; Joseph D. Garon, Reg. No. 20,420; Arthur S. Tenser, Reg. No. 18.839; Ronald B. Hildreth, Reg. No. 19,498; Thomas R. Nesbitt, Jr., Reg. No. 22,075; Robert Neuner, Reg. No. 24,316; Richard G. Berkley, Reg. No. 25,465; Richard S. Clark, Reg. No. 26,154; Thomas D. MacBlain, Reg. No. 24,583; Bradley B. Geist, Reg. No. 27,551; James J. Maune, Reg. No. 26,946; John D. Murnane, Reg. No. 29,836, Henry Tang, Reg. No. 29,705. Robert C. Scheinfeld, Reg. No. 31,300, John A. Fogarty, Jr., Reg. No. 22,348 and Louis S. Sorell, Reg. No. 32,439 of the firm of BRUMBAUGH, GRAVES, DONOHUE & RAYMOND, with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO: **DIRECT TELEPHONE CALLS TO:** BRUMBAUGH, GRAVES, DONOHUE & RAYMOND JOHN A. FOGARTY, JR. 30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112 BRUMBAUGH, GRAVES, DONOHUE & RAYMOND (212) 408-2500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE	LAST NAME FIRST NAME		MIDDLE NAME		
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Sept 29, 1997	Michael L. G	2000on		
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DATE	SIGNATURE OF INVENTOR			
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RESIDENCE & CITIZENSHIP	СІТҮ	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR		-	
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POST OFFICE ADDRESS	POST OFFICE ADDRESS	СІТҮ	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			
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RESIDENCE & CITIZENSHIP	СІТУ	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			·!

I. GRAVES, DONOHUE & RAYMOND

EN).: A30948 - 2668/35874 FULL NAME OF SEVENTH LAST NAME FIRST NAME MIDDLE NAME JOINT INVENTOR, IF ANY STATE or FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP CITY CITY STATE or COUNTRY ZIP CODE POST OFFICE ADDRESS POST OFFICE **ADDRESS** SIGNATURE OF INVENTOR DATE MIDDLE NAME FULL NAME OF EIGHTH LAST NAME FIRST NAME JOINT INVENTOR, IF ANY COUNTRY OF CITIZENSHIP STATE or FOREIGN COUNTRY RESIDENCE & CITIZENSHIP STATE or COUNTRY ZIP CODE CITY POST OFFICE POST OFFICE ADDRESS ADDRESS SIGNATURE OF INVENTOR DATE Check proper box(es) for any added page(s) forming a part of this declaration

[]	Signature for ninth and subsequent joint inventors. Number of pages added
ij	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
-	Number of pages added
[]	Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.
•	Number of pages added